Amendment		
Yes	×	No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information

1. Committee Informatio	n		LALU B					
a. Full Name							c. ID	Number
BALTUTIS FOR BURLI	NGTON							
b. Mailing Address (include Ci	ty, State and Zip Code)						d. Da	nte Filed
2516 S MAURY ARCH BURLINGTON NC 2721	5							7/23/2018
201211010101110							e. Ph	one Number
								(763) 218-0266
2. Report Year 3. Pe	riod Start Date (mm/d	d/yy)	4. Period E (mm/dd/yy)	nd Da	te	5. Treasurer Fu	ll Name	
2018	01/01/2018		06/30	)/2018		IAN BALTUTI	S	
6. Type of Committee (Cl	neck One)	9. Typ	e of Report	(c	heck on	ly one type of repo	rt from c	ne category)
Candidate Campaign	Party	Munici			State/C		Refe	rendum
PAC	Referendum		Organizational			Organizational		Organizational
Independent Expenditure	Joint Fundraiser		Thirty-five day		(	Quarterly		Pre-referendum
Legal Expense Fund					_			
	plicable, check one)		Pre-primary		님	First		Final
"Booster Fund"		H	Pre-election Pre-runoff		H	Second Third		Supplemental Final Annual
Building Fund			Semi-annual		H	Fourth		Special
		$\boxtimes$	Mid Year		LJ 5	Semi-annual		
Other:			Year End			Mid Year	10.	Special Report Name
			Final			Year End		
8. Number of Fundraiser	s this Report		Special			Final		
						Special		Marin Company
11. Account Information						nformation		
a. Financial Institution Full Na	me			a. Fina	icial Inst	itution Full Name		
WELLS FARGO	c. Account Code			b. Purp	000		1 6 4	Account Code
b. Purpose CAMPAIGN	c. Account Code			<b></b> ւ աւ բ	USC		- 1	xccount code
CHIMI HIGH	1			09-2	3-18F	01:25 REF:		
	d. Period Begin Balance						d. I	Period Begin Balance
	\$ 5,337.10						\$	
CERTIFICATION								
I certify that the Committe	e or Fund is in compli	ance wi	th all applicab	le pro	isions o	of Article 22A, 221	В, & 22Г	D-22M of Chapter 163 of
the NC General Statutes ar	nd that no funds are co	mmingl	ed with prohil	bited o	r other i	non-disclosed fund	ls. I furth	ier certify that this report
is complete, true and corre		trained	by the NC St	ate Bo		Jecyons.	7/23/2	018
	Hut's ited Name of Signer		- Sig	rature e	f Appoint	ed Treasurer	112312	Date
FOR OFFICE USE ONLY	/ ;							
Date Received:	1/23/20	8	Employee:			JG		<u>ry Method</u> Normal Mail
Date Postmarked:			Employee:				区	Registered Mail Hand Delivered
Date Scanned:	811118		Employee:		<u> </u>	<u>6</u>		Electronically Filed Signer has not received
Date Data Entered:			Employee:				1	mandatory training
Date Data Efficied.			Employee.					
Please Note: This form							dress, tre	asurer, assistant treasurer,

August 2008

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2.	Type of Report		. ID Number
	018 MID YEAR		
S	EMI-ANNUAL	77 4 1 411	Table
Start of Election Cycle: January 1,	2018	Total this Reporting Period	Total this  Election Cycle
4) Cash on Hand at Start		\$ 5,337.10	\$ 5,5337.10
RECEIPTS			Add To the Control of
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 150.00	\$ 150.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	s (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	1d and 11e)	\$ 150.00	\$ 150.00
EXPENDITURES  13) Disbursements			1 2 12 2 2 2 2 2 2 3 3 1 1 2 2 2 3 3 3 1 1 2 2 3 3 3 1 1 2 3 3 3 3
13a) Operating Expenditures	(CRO-1310)	\$ 514.48	\$ 514.48
13b) Contributions to Candidates/Political Committee	es <i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	6 and 17)	\$ 514.48	\$ 514.48
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	ct line 18)	\$ 4,972.62	\$ 4,972.62
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

## **Refunds/Reimbursements To the Committee**

				Amendment		
Pg	<u>1</u>	of	1	Yes	$\boxtimes$	No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Ful	l Name (	and Fund if appl	icable)				2. ID Numbe	r	
BALTUTIS FOR									
3. Contributor In	formatio	n		Add	П	Remove		3.44.6	
a. Full Name, Mailing			A STATE OF THE STA	d, Type	of Cor			g. (	Comments
(include city, state,					Candid		PAC		
SHARP CONNEC		LLC			Refere	ndum	Party		
21109 W 81 <sup>ST</sup> TE	RR			e. Level	Regist	ered (Specify)		h. (	Original Expenditure Date
LENEXA, KS 662	220				Federa		County:		07/08/2017
,					State		Municipality:		
								i. C	Original Expenditure Amt
								\$	350.00
b. Job Title/Profession	l	c. Employer's Nam	e/Specific Field	f. Purp				j. E	Election Sum to Date
						E CREDIT		\$	
				REFU	IND				
k. Account Code	l. Form o	of Payment	m. In-Kind Descrip	tion		n. Date (mm/c	Id/yyyy)		o. Amount
1	CHEC:	K				0	1/22/2018		\$ 150.00
3. Contributor In	ormatio (	n		Add		Remove			
a. Full Name, Mailing	Address &	Phone		d. Type	of Con	ımittee		g. (	Comments
(include city, state, d	& zip)				Candid	ate	PAC		
					Referei	ıdum 🔲	Party		
				e. Level	Regist	ered (Specify)		h. (	Original Expenditure Date
					Federal		County:		
		L	State		Municipality:				
								i, 0	Priginal Expenditure Amt
								\$	
b. Job Title/Profession		e. Employer's Name	/Specific Field	f. Purpo	se			j. E	lection Sum to Date
								\$	
k. Account Code	l. Form o	f Payment	m. In-Kind Descrip	tion		n. Date (mm/c	ld/yyyy)	.l	o. Amount
	, , , , , , , , , , , , , , , , , , , ,	······································							\$
3. Contributor Inf	formatio	n		Add		Remove			
a. Full Name, Mailing	Address &	: Phone		d. Type	of Con	ımittee		g. (	Comments
(include city, state, &	& zip)				Candid	ate 🔲	PAC		
					Referer	ndum 🔲	Party		
				e. Level	Regist	ered (Specify)		h. (	Original Expenditure Date
					Federal		County:		
					State		Municipality:		
								i. O	riginal Expenditure Amt
								\$	
b. Job Title/Profession		c. Employer's Name	/Specific Field	f. Purpo	se		:	j. E	lection Sum to Date
<u> </u>								\$	
k. Account Code	l. Form o	f Payment	m. In-Kind Descrip	tion		n. Date (mm/d	ld/yyyy)		o. Amount
									\$
4. Total only this I	Paga				100.00			\$	150.00
	auc			994500 DV 200670	2 USB 201	. N. KORASKY (N. 1986)	464700000000000000000000000000000000000	Ψ	120,00
5. Total of ALL C		) Pages	(A)					\$	150.00

Disbursements Pg 1

Amendmer

 $\boxtimes$ 

No

Pg 1 of 1 Ye

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	'ull Name (and Fun R BURLINGTON	d if applicable)				2. ID Number
3. Type of Disb	A	se use separate (	CRO-	1310 forms for each	type of Disbursen	ent)
Operating E				tes/Political Committees		ordinated Party Expenditures
4. Payee Inforn	iation		Ac	ld 🔲	Remove	
a. Full Name, Maili	ing Address & Phone		b. 4	Coordinated Committee !	Vame	d. Comments
(include city, state,	& zip)					
EBAY						
SAN JOSE, CA			c. I	Level Registered (Specify)	) 	
				Federal	County:	
			L	State	Municipality:	e. Election Sum to Date
						\$ 364.48
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	EFT	F		03/24/2018	\$364.48	IPAD AND CASE
				_	\$	
				.,		
4. Payee Inform			Ac	id Coordinated Committee N	Remove	d. Comments
1	ng Address & Phone		D. (	Coordinated Committee i	Name	u, Comments
(include city, state,	& zip) S INTERNATIONA	I	-			
WASHINGTON		L	c I	Level Registered (Specify)	t	
WASHINGTO	v, DC		[ C. 1	Federal	County:	-
			1 =	State	Municipality:	e. Election Sum to Date
			<u> </u>		титерину.	\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	EFT	0		01/22/2018 \$150.00		MAYORS
						CONFERENCE
					\$	
4. Payee Inform	ation		Ac		Remove	
a. Full Name, Maili	ng Address & Phone		b. 6	Coordinated Committee N	lame	d. Comments
(include city, state,	& zip)		-			
			c. I	Level Registered (Specify)		1
			Federal County:			e. Election Sum to Date
			٢	State	Municipality:	\$
f. Account Code	g. Form of Payment	h. Purpose Code	<u> </u>	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ar recount Cout	giroim orrayment	F		(	\$	
					Ψ	
					\$	
5. Total only thi	s Page		<u>'</u>			\$ 514.48
6. Total of ALL	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sum		\$ 514.48			
	•		-	ontrib to Candidates/Politi		Ψ 51
				oordinated Party Expendit	ures)	
	es (List detailed exp				<b>.</b>	
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic			D - To Anothe	er Candidate  Public Office Expenses
I - Postage	J - Penalties	K* - Offic		•		n to Legal Expense Fund
O* - Other  * Codes require	e detailed explanati	on in required r	emai	rks field (k)		